

THE
AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF
MEDICINE AND SURGERY.

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MEDICINE AND SURGERY.


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THE AMERICAN PRACTITIONER

MAY, 1871.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

WILL QUININE ORIGINATE UTERINE CONTRACTIONS?

BY LEWIS A. SAYRE, M.D.,

Professor of Orthopedic Surgery, Bellevue Hospital Medical College, New York.

In the June (1870) number of the American Practitioner you ask, in "Notes and Queries," the question, "Will quinine originate contractions in the gravid uterus?" As I have recently given quinine in a case where I wished to produce premature delivery on account of a deformed pelvis, and in which case its administration was followed in a very short time by rigorous and continued contraction of that organ, I have thought that the fact was worth communicating, as it is only by recording a large number of well-observed facts that we can arrive at a satisfactory answer to your query. As the case is one of more than ordinary interest in its clinical history, when you consider the serious complications attending the first confinement, and that this was the second time

that labor had been successfully induced before the eighth month, and in both instances with a living child, I send you the following notes:

Mrs. L., aged twenty-five, fell in labor of her first child November 16, 1863, in the evening.

17th.—Hard labor through the day; no advance. 4 P. M.: three convulsions.

18th.—Labor continued with strong pains, but no advance; head firmly impacted in superior strait. 9 P. M.: Dr. Barker called in consultation. Midnight: craniotomy performed, and child delivered under chloroform.

About a week after the delivery the patient was seized with a very severe pain in the left thigh and leg. The sensation in the foot is compared by the patient to that experienced in the hand when the ulnar nerve is hurt at the elbow. The thigh was flexed upon the body, and the leg upon the thigh. The pain continued some time; but under the application of faradism it gradually disappeared till, about six weeks after delivery, the patient was able to ride out. On the first attempt, however, the jolting of the carriage caused so severe a pain in the *right* iliac region that she was obliged to return. The pain continued, and shortly after an abscess showed itself in the neighborhood of the right ovary. In spite of treatment the abscess progressed, and broke in the right groin about a month after the first symptoms; *i. e.*, about ten weeks after delivery. I enlarged the opening thus made, making a free incision three or four inches long. The discharge continued for many weeks; various applications, including injections of tincture of iodine, being used to aid its closing. At length, about the 1st of April, a counter-opening in the vagina was made, and the wound dressed with Peruvian balsam. The condition then changed for the better, and on the 1st of May the patient was able to return to her home in Troy. By the middle of June the wound had cicatrized; and on the 1st of July the patient was able to walk without crutches, the left limb having become

sufficiently straightened to need only a high-heeled shoe to make its length equal to the other.

These are the main points of the history of her first confinement. I regret that I kept no note of the details; but the facts given are sufficiently accurate, as I have compared my own recollections with those of the patient and the nurse who attended her at the time.

During the following year the lady consulted me upon the possibility of her bearing a living child, as she was extremely anxious to have children. On examination I gave the opinion that she could, by the induction of premature labor, bear a viable child. She soon after became pregnant. The family physician and another physician who had been consulted had given a contrary opinion, and wrote to me remonstrating with me upon the recklessness of my advice, and urging the induction of labor at once. As these gentlemen were men of large experience, I was rendered somewhat anxious, and was inclined to doubt the justice of my own conclusion. I therefore called in consultation my late-lamented colleague, Dr. G. T. Elliot, jr., who carefully measured the pelvis of the patient. The case is given in his *Obstetric Clinic*, from which work I quote the following:

"As she was restless she was brought under chloroform, when I measured the conjugate diameter with Lumley Earle's instrument, and estimated it at four inches. The transverse seemed to be about equal. The linea ileo-pectinea, from the right ilium to the pubis, straighter than it should be, and straighter than the other side. Nothing abnormal but a transverse diameter of brim somewhat diminished; and also the oblique diameter from the right acetabulum to the left sacro-iliac synchondrosis. Room enough for an average-sized child to pass at term, especially in a left occipito-anterior position."

Relying upon these measurements, Dr. Elliot coincided in my judgment that labor could safely be induced at seven and a half months. By the use of the hot douche, Barnes's

dilators, and the introduction of a piece of flexible catheter outside of the membranes—the douche being used at intervals five times—a living male child, weighing seven pounds, was delivered forty-eight hours after the first douche. This child, now above five years old, is at the time of writing a strong and healthy boy.

I quote, as a matter of interest in this case, the remarks with which Dr. Elliot closes the report already quoted from:

“Perhaps this theory which has occurred to me may suggest one impediment in the first labor. After that delivery she had great hardness, swelling, and then fluctuation in the right iliac region. An opening was made there, and a counter-opening became necessary in the vagina. A free discharge took place, some of which resembled honey; and finally, under iodine injections, the sinus closed. Now it is possible that a small ovarian or parovarian tumor may have accidentally diminished the contracted transverse diameter. May not this have become inflamed, and may not its contents have escaped with the results of peri-ovaritis? At the time when I examined the case no trace remained of all these serious post-partum conditions but the large scar in the abdomen. Now while, of course, the history of this previous inflammation lent additional force to the arguments for inducing premature labor, the great question turned, after all, on the accurate measurement of the pelvic diameters; and the decision, first, to postpone the operation until a late period of pregnancy, and secondly, of inducing it at all, was based on its result. Still, as I have stated, this woman may yet give birth to living children at term.”

During the summer of 1870 the lady found herself again pregnant. Her last menstruation occurred during the first week in July. She quickened about November 24th. She accordingly arranged to come to town at the expiration of seven and a half months of pregnancy for the induction of premature labor. This was set down for the 25th of February, 1871. On that day, however, on examination, the pelvic cavity seemed so ample that I determined to delay a week as giving the child a better chance, although, to judge

from the strength of the fetal heart-beat, there was little to fear for it.

March 4, 1871.—The head presenting; cervix rather high, and turned toward the sacrum, but can be reached. In the posterior wall of the vagina, just below the cervix, is felt a ridge, doubtless the cicatrix of incision made after the first delivery. Injected hot water against the os eight minutes; water came away slightly tinged, as if from blood.

5th.—8 A. M.: injected hot water against the os ten minutes; water tinged as before. Patient passed a comfortable night. 4 P. M.: third douche, fifteen minutes; no color. 10:30 P. M.: fourth douche, nine minutes; no color; has had some pain.

6th.—8 A. M.: fifth douche, nine minutes; color reappeared. 3:30 P. M.: inserted flexible bougie outside of membranes. 9:30 P. M.: the bougie was expelled in about two hours, after which pains ceased. Sixth douche, fifteen minutes; slight color.

7th.—3 P. M.: slept poorly last night; no douche this morning, in order that patient might rest; has slept during forenoon. Seventh douche, fifteen minutes; has slight pains; cervix quite high, as it has been since expulsion of bougie yesterday. 4:45 P. M.: gave six grains of quinine in pills. 8 P. M.: pains came on soon after administration of quinine. Gave six grains more of quinine; pains became expulsive in character, returning every ten minutes. 10 P. M.: a strong female child, weighing six pounds, was born. Chloroform was administered during the last few minutes of the labor. Child and mother have done exceedingly well up to the present date.

There is a marked arching forward of the lumbar vertebræ, which I am inclined to attribute to the inflammation of or around the left psoas muscle after the first confinement; the spinal column, as is usual, having accommodated itself to the shortened muscle.

Although this labor, occurring probably very nearly at eight months, was an unusually easy labor, yet it does not

throw so much light as I might desire upon the question raised by Dr. Elliot regarding the possibility of bearing a living child at term ; for in this instance the child was a female with a small head, while the previous children had been very large males. Probably such a child as this last might have been born at full term ; but, with the unavoidable uncertainty *ante-partum* concerning the size and sex of the fetus, I think in cases like this I should continue to advise the artificial labor at an earlier period.

In this case it may be very properly questioned whether the quinine was the active agent in inducing contractions, or whether it was a mere coincident, as other means had already been resorted to to induce labor. But as the contractions did not occur until after its administration, I have thought it of sufficient importance to note the fact.

NEW YORK.

OBSERVATIONS ON THE USE OF MERCURY.

BY A. P. MERRILL, M. D.

Calomel is employed in the treatment of fever and some other diseases for two distinct purposes, as a purgative and as an alterative. In acute diseases a scruple may in general be considered a proper purgative dose, and it may be expected to operate upon the bowels in three or four hours' time. When it fails to do so in recent attacks of fever, castor-oil or some other active purgative may be administered to expedite the movement ; but it is an objection to the administration of such adjuvant cathartics with the calomel that by their more rapid action they may carry off a large portion of the calomel through the bowels unchanged. When fever is promptly

arrested by abortive treatment, the patient rarely ever requires more than a single dose of calomel, and often not even that; but should the disease be suffered to continue, it is not enough that the bowels be once cleared of ingesta: the excretions poured into them as the result of every returning paroxysm of fever must be gently purged away, or they become inconvenient sources of irritation, and prolong the disease. An idiopathic fever may in this way become symptomatic and difficult of cure. Scruple-doses of calomel are often useful in such cases, operating less frequently and with less exhaustion of strength than smaller doses. Many southern physicians give calomel in fever only in this way, as a purgative; and if some advantage accrues from the excitation of secretion, it is an incidental benefit to the credit of the mercurial purgative. Much larger doses of calomel have sometimes been given by enthusiastic advocates of the remedy; but it has been proved that, unless unduly retarded in its passage through the bowels, not more than a scruple is appropriated by the action of the organs of digestion, the remainder being mingled with the fecal dejections. If the surplus has performed any office at all, it is probably that alone of the crude mercury, as used in not very ancient times, as a morning aperient, operating perhaps by the power of gravitation.

Opium should not, in my opinion, be given with calomel when used as a purgative, for the reason that its action upon the digestive organs is antagonistic to that of mercury, restraining both secretion and catharsis, and, what is more important, tending strongly to the production of pyalism and ulceration of the gums. Besides all this, I have found opium exceedingly injurious in the advanced stages of gastric and enteric fever. In gastric or yellow fever, except in the early or irritative stage, its effects are nearly always fatal. As some evidence that this remark is applicable to northern as well as southern fevers, I will state that during the present winter I went to a distant part of New York City to call on a friend.

I found him ill with fever of only five days' duration, and with considerable gastric disturbance. He had passed a sleepless night, walking up and down his chamber; but his physicians, two homeopaths, promised to remedy that evil the succeeding night by a soporific dose. They were successful. Their patient slept soundly, and in the morning was supposed to be better; but at midday he was a corpse. His doctors had not learned one of the great features of gastric fever, and in their zeal for success they had ventured to stray away from infinitesimalism.

Calomel is also used in fever, as in other diseases, as an alterative, a necessity for which is supposed to have been created by the progress of the disease; and then it is almost uniformly given in conjunction with opium, with a view to restrain catharsis, and sometimes to secure ptyalism. Smaller doses, repeated several times a day, are generally given; but much caution is required in conducting this treatment. As long as there is great febrile excitement it is difficult to produce ptyalism; and when such excitement subsides, the action of the mercury upon the gums and salivary glands may become excessive, and lead to troublesome ulcerations. These are the mischievous effects which have brought mercury into discredit with many persons, and given support to systems of charlatanry. My own experience justifies the opinion that equally good results, without danger of purgation or salivation, may be secured by giving the calomel in smaller doses, and without opium. I have generally given preference to half-grain doses, but sometimes have found it expedient to give a full grain. Quite as often, however, I have reduced the dose to a fourth of a grain. The power and efficacy of calomel given in this way can not be appreciated except by those who have tried it. As an occasional aperient dose it is invaluable; and in some forms of chronic disease a half grain of calomel may be taken every night, with benefit, for weeks and months together.

Corrosive sublimate is sometimes to be preferred to calomel as an alterative and aperient, and especially in those forms of indigestion dependent upon a want of tone in the stomach and bowels, accompanied by a want of healthy action in the liver and kidneys. It is also better suited to the treatment of most catarrhal affections. The medium dose may be set down as one eighth of a grain, which may be given daily with even less danger of salivation than from the use of calomel in half-grain doses, conditioned always upon the exclusion of opium. These two forms of mercury, given in small doses, are, it seems to me, better adapted to the young and the aged than to those in the full vigor of life. The newly-born babe, if it must take medicine at all, is better treated by calomel or corrosive sublimate, in suitable doses, than by the remedies so much relied upon for their reputed mildness of character; and many old people, whose constitutions are well worn by use and abuse, find great relief by the habitual use of calomel or corrosive sublimate in proper quantity.

The use of mercury as a remedial agent is a trite subject upon which to write an essay; but I have made these brief remarks for the purpose mainly of suggesting the important difference between the purgative and the alterative use of mercury, especially in the treatment of fever, and the necessity of avoiding the simultaneous use of opium, if it be an object to prevent pyalism. I have deemed it proper also to recommend the more general use of corrosive sublimate as the mildest in its medicinal effects of all the forms of mercury, and the least likely to cause salivation. I venture to express a doubt indeed whether the materia medica affords us a milder and safer aperient. I generally give it in form of pills, as solutions are liable to decomposition.

Calomel deserves to be more highly appreciated as a topical remedy, especially in diseases of the dermatoid tissues; in ulcerations of the mouth, throat, and nasal passages; in purulent ophthalmia and lachrymal fistula; in hemorrhoidal

affections and fistula in ano; in excrescences upon the genital organs, sometimes mistaken for syphilitic; in sinuses, fistulas, and ill-conditioned ulcers; in burns, abrasions, and excoriations; in a great variety of cutaneous eruptions; in certain cutaneous excrescences, mostly of the face, often treated by charlatans as cancerous; in encysted tumors, the contents of which have escaped; in surgical operations involving the mucous membranes, the secretions of which interfere with the healing process, etc. Dry calomel is generally to be preferred; but in positions where it can not be easily retained it may be incorporated with castor-oil or with glycerine. Little skill is required in its application superficially; but in fistulas and deep-seated ulcers a quill or tube may be used, from which the powder is extruded by a piston. Salivation is rarely produced by this topical use of calomel, except in ulcers of the throat and nasal passages, whence the remedy reaches the stomach. The quantity of calomel sometimes used topically without the production of ptyalism shows the amount of absorption must be small. In a case of ruptured wen upon the arm of a negress, twenty grains were inserted into the cavity for twenty successive days, and a smaller quantity for several days subsequently; and I have known even more than this used in cases of fistula in ano without evidence of constitutional effects.

Without extending these remarks, I hope I may have succeeded in exciting renewed interest in the uses of mercury, and in giving some hints in regard to its abuses. By occasional discussion it may be hoped indeed that the medical, and to some extent the public, mind may be disabused of unfounded prejudices against mercury, and made to understand the discriminations to be made between its cathartic and its alterative use. Without such discrimination much that is written, especially on the subject of treating febrile diseases, is unmeaning and unintelligible. As prejudice is overcome, the topical use of calomel may be more generally

understood and appreciated ; superseding to some extent the troublesome seaton, the painful escharotic, and the reckless and bloody knife.

NEW YORK.

IODINE INHALATIONS IN DIPHTHERIA.

BY GEORGE H. EYSTER, M. D.

Shortly after reading Dr. Waring Curran's formula for the use of iodine by inhalation in diphtheria, I had opportunity to test the value of the treatment. From that time to the present I have, when the age of the patient would admit, trusted exclusively to the iodine inhalations as the local means in the management of the affection. The success I have met with has been most striking. In a very considerable number of cases of well-marked diphtheria speedy and marked improvement followed in every one. The ease with which the inhalations may be used, when they can be used at all ; the rapid manner in which they appear to loosen and detach the diphtheritic exudation ; the protection which they seem to afford to the neighboring parts, united with the fact that this way of administering the iodine allows of its coming in contact with every part of the diseased surfaces, commend this as superior at least to any other local treatment of the disease in question.

The apparatus which I generally use for the inhalations may be fitted up on the moment from materials to be found in every house. It consists of a coffee or tea-pot, into the spout of which put a close-fitting cork, perforated so as to admit a quill or small pipe-stem ; to this attach a piece of rubber tubing a foot or more in length. A pint of vinegar and a handful of dried sage are now placed in the vessel

partly filled with boiling water. The mixture is then added, and the lid of the vessel carefully closed to prevent the escape of the vapor. A lamp or candle is now placed under the vessel to keep up the necessary heat. The inhalations should be given every half hour for the first twelve hours; after that every hour, until the membrane is removed. The time occupied in each inhalation is ten to fifteen minutes, allowing a slight interval of rest. Commencing with one drachm of the mixture, the second or third inhalation should contain two drachms, and so on up to half an ounce or more, increasing as the case may seem to require. The first inhalation usually produces a little coughing, and must be made slowly, giving rest after two or three deep inspirations. The following cases will serve to illustrate the effects of the treatment:

CASE I. Lelia C., age twelve, of very delicate constitution; tubercular diathesis; subject to frequent attacks of inflammatory rheumatism, chiefly affecting the joints of the lower extremities. Was seized in the morning with a chill, followed by high fever, severe frontal headache, and soreness of the throat. Saw her in the evening, when her pulse was 130, respiration 38, temperature 104° ; skin hot and dry; tongue coated a dirty yellow. An inspection of the throat revealed a diphtheritic membrane nearly covering both tonsils, the posterior part of the pharynx and uvula, and extending over a considerable portion of the soft palate. Deglutition was difficult, and voice husky; complete anorexia; patient exceedingly restless and irritable; sublingual and submaxillary glands enlarged and tender. Ordered inhalations at once, and gave *mur. tr. ferri* and *pot. chloras* internally, with quinine every two hours, until the temperature should be reduced; chloroform liniment externally to the throat, and frequent sponging of the body with cold water. The patient improved rapidly, and was discharged well at the end of eight days.

CASE II. Lizzie F., age twenty-one; seamstress; previously in good health; had been complaining for several days of

sore-throat, which had come on with a chill, followed by a high fever, and this by a copious sweat. She had used gargles of sage-tea and honey, turpentine externally and internally, and other domestic remedies, but without relief. I found her pulse 120; respiration accelerated; temperature 102.5°; throat swollen and painful; fauces completely covered with diphtheritic exudation; deglutition extremely difficult. She had a short, hoarse, dry cough. I directed inhalations to be commenced at once and used every half hour, and the following:

- R. Tr. ferri chloridi, ℥j;
Potas. chloras, ℥ss;
Syr. simplic., ℥ij;
Aquæ pur., ℥ij.
M. S. A tea-spoonful every fourth hour.

On the morning of the second day the membrane was loose and shriveled; and on the day after the fauces were entirely clean. Four days after the patient was discharged well.

STAUNTON, VA.

SUDDEN DEATH OF AN APPLICANT FOR LIFE INSURANCE.

BY S. M. BEMISS, M. D.,

Professor of the Theory and Practice of Medicine in the University of Louisiana.

The life-assurance interest has grown to be a vast one, and from the diversity and importance of the questions it offers the physician it affords him subjects of study peculiarly interesting. The medical examiner to a life-insurance company is the paid functionary of the company, and is justly expected to be at all times watchful of the interests of his

clients; but he must nevertheless be rigidly impartial to the applicant. In other words, he must not prejudice the claims of a properly-insurable applicant by being over-anxious to protect the company from loss, or too vain in the matter of attempting to set himself up as an infallible discerner of symptoms of disease. But let him strive as he may to arrive at the highest standard attainable of truth and justice, cases will occasionally present themselves in regard to which he finds but little light or precedent for his guidance. Symptoms which in some cases are so serious in their import as to decide the rejection of an applicant, may prove to be the normal condition of another constitution, and therefore should present no incompatibility with a conscientious recommendation of the party in question. In the former case they are indications and conditions arising from disease; in the latter they are simply evidences of systemic peculiarities. Yet, when we are required practically to draw the line between symptoms which are innocuous manifestations and the same symptoms which are the manifestations of disease, we find ourselves face to face with problems the most difficult imaginable.

There are no symptoms which illustrate these propositions more perfectly than cardiac murmurs. All physicians are aware of their importance as indicating valvular insufficiency or yielding walls; and yet it is equally well known that they may be occasioned by a congenital or acquired change of structure quite sufficient to produce the abnormal sound, and yet not give rise to any sort of appreciable disqualification of the heart for the perfect performance of its functions as a circulatory motor. If we are able to make a satisfactory discrimination, it is our duty to recommend all applicants belonging to the latter class; but this, I presume, is seldom an easy matter to accomplish.

In my capacity of medical examiner for the Saint Louis Mutual Insurance Company, it occurred to me to meet with

an applicant whose case presented points of intricacy which greatly perplexed me in regard to a proper decision, and whose sudden death afforded startling proof that symptoms may sometimes be of equivocal interpretation, and yet of fatal portent.

On the 24th of June, 1870, I was asked to examine Mr. J. W. S., who had made application at the New Orleans office of the above-mentioned company for a policy of \$10,000 upon his life. The applicant was in his sixty-first year of age; five feet nine inches in stature; weighed one hundred and sixty pounds; and was erect, finely proportioned, and presented every appearance of health and soundness of constitution. His family history showed no constitutional tendency to disease, and his own personal history was that of uninterrupted good health. His radial pulsations were seventy-two per minute, perfectly regular and normal; and his respirations were eighteen per minute, full, gentle, and vesicular in character. No examination of the urine was made; but there was no symptom or point of history which induced suspicion of renal disease. Within the few months immediately preceding the date of this application the applicant had passed favorable medical examinations, and obtained policies in two different life associations, amounting in the aggregate to near \$15,000. Nothing, either in the applicant's deportment or answers, indicated the existence of intentional concealment or meditated fraud on his part. He responded to all the inquiries embraced in the printed forms with the utmost degree of frankness and apparent truth. When informed that his application would meet with objections in consequence of symptoms of heart disease, he expressed surprise in a manner which assured me that no knowledge or suspicion of their presence existed in his mind. I may also be permitted to state in this connection that his acquaintances testified with entire unanimity to the strictest integrity and uprightness of character on his part.

The following copy of the letter written to the home office describes the results of the examination of Mr. S., and the opinion I then entertained in regard to the significance of the cardiac murmur disclosed by auscultation. The letter was written immediately after the conclusion of the examination, and consequently exhibits the results precisely as they then presented themselves to my mind.

NEW ORLEANS, June 24, 1870.

Mr. J. W. S., applicant for a policy in the St. Louis Mutual for \$10,000, has an abnormal sound accompanying the heart's systole. It is very distinct over the apex and upward over the uncovered portion of the heart. It occupies a portion of the time of the first sound, obscuring it *very slightly*, and stops before the second sound, which is quite clear and natural. The murmur is somewhat rough in character, and is only slightly intensified by walking actively over the floor. It is not transmitted to the left.

The applicant's chest is covered with fat, so that it is difficult to determine the precise point of apex impulse; but I am satisfied there is very little, if any, deviation from its normal position. Careful percussion gives no evidence of increased area of cardiac dullness.

There is no evidence of any fatty degeneration, or other form of degeneration, on his part. The eye is unusually clear, and the applicant's whole aspect is that of perfect health. He has never had rheumatism. He has had no derangement of any function which could be attributed to a crippled heart; no swelling of the feet; no puffiness of the countenance; no dyspepsia; and no palpitation or irregular action on taking exercise. The pulse is firm and full, and gives no evidence of any lessening of the volume of blood thrown into the arteries.

I think the lesion is a mere roughening of the endocardial surface, without valvular insufficiency. If the physicians who have examined him within the past few months had mentioned anything with regard to the existence of this murmur, I would unhesitatingly state my opinion that it was an organic murmur which had in all probability existed during a great part or the whole of his life, and consequently that it should not vitiate his application. Even without any knowledge that either of them discovered the murmur, this

is my opinion; but I would nevertheless advise a correspondence with Dr. H., of Natchez, who is said to be an eminent and excellent physician, and very intimate with Mr. S.

Very respectfully, etc.,

S. M. BEMISS.

One or two days after this examination Mr. S. embarked on a steamship for New York. On the night of the 29th or 30th he retired apparently in perfect health, previously making an engagement with a fellow-passenger to promenade the deck of the vessel at a very early hour the next morning. Not making his appearance at the hour appointed, the passenger went to his state-room and found that he was dead. No post-mortem was made, and the body was buried at sea.

Very few medical remarks will be offered in reference to this case, and those which are made will be based upon a postulate which claims that the applicant died of heart disease. Although this is an assumption not possible of certain proof, it rests upon facts so clearly established that very great violence would be done to human probabilities by advocating any other opinion. For example: we have a given patient presenting unmistakable indications of disease or abnormality connected with the heart, and no evidence of other unsoundness. Within a week following the examination which develops these facts the patient dies in the awfully sudden manner in which certain forms of heart disease destroy life. Surely it would be irrational to impute death to some other or to any other cause.

If I attempt still more to narrow this proposition, and venture an hypothesis in regard to the especial form of heart affection which proved fatal to the applicant, I think the great majority of the profession will agree with me in the opinions I shall express. In truth, the defense of such an hypothesis becomes at once an accomplished fact when I have succeeded in pointing out a form of heart disease which alike explains the phenomena during life and the mode of death. What then is the character of cardiac disease, which more than all

others is apt to give rise to but slight symptoms during life, and yet is likely to terminate in sudden death? However little either of these characteristics—that is, either absence of symptoms or the sudden death—may be the rule in the aggregate of cases of heart disease, they are the rule in the class of cases to which I ascribe that under consideration. To render the point I wish to maintain clearly intelligible, we will now turn again directly to the murmur, and study it as an indication of disease, both in its intrinsic character and in its relations to causative conditions.

In the first place we must exclude what are called inorganic or blood murmurs. It not only differed in acoustic qualities, being more rude and pronounced, but the applicant was in full health, and had never been sick. There was no evidence of constitutional taint or vice of any description. He had not lost blood, and was in no sense of the word anæmic.

Second, the rhythm of the murmur sets aside any supposition of obstructive disease of the mitral valve.

Third, the area of distribution of the murmur, upward toward the base rather than to the left, together with the firm, regular pulse, renders its dependence upon mitral regurgitation very improbable.

Fourth, the healthy, normal pulse, absence of angina, and of dilatation or hypertrophy, justify the exclusion of aortic obstruction.

Fifth, neither one of these different states of disease proves fatal to life without previously producing some disturbance of function distinctly symptomatic. To the latter statement there are few if any exceptions. The various pathological conditions comprised under these five heads constitute by far the most common and numerous forms of heart disease.

Dr. Austin Flint, in a paper published in the *New York Medical Journal* for May, 1870—a paper evincing the clearness and research usual to that writer—says that “sudden death from heart disease is the exception, not the rule;” and

Gairdner and others had before this expressed similar views. These opinions justly apply to the different forms of heart disease to which I have just alluded, and also to alterations in the size of the organ. In a word, they apply to valve lesions, and to atrophy, hypertrophy, and dilatation; but they do not apply to those degenerations of tissue which sometimes affect the muscular structure of the organ in such a manner as to impair the integrity of its walls, and to cause their sudden rupture. This, in my opinion, was the state of disease existing in Mr. S.'s case. There is no theory which affords such complete and satisfactory explanation of either the symptoms or mode of death as that which holds that the applicant died of rupture of the heart. I class the case with those described by Dr. Markham and others as spontaneous rupture.

As no pathologist now believes that the healthy heart is liable to rupture, it must enter into this theory that structural degeneration had so weakened some part of the organ that it gave way under ordinary pressure. It must also be held that the lesion was so limited in extent as to produce no interference with cardiac functions, and yet was attended with sufficient "bagging" of the wall or roughening of the endocardial surface to give rise to a murmur. Indeed there can be very little question that, however suddenly or early death might occur, a preceding effect of the degeneration would be a relaxation or weakening of muscular fibers, resulting in aneurismal pouching. In one of Dr. Markham's cases "all other parts of the muscular tissue, except that part immediately around the rupture, appeared healthy." It is not stated whether this is one of the two cases "who are reported to have enjoyed good health;" but it can be readily understood that degeneration limited to a circumscribed point may so impair the heart walls as to admit of rupture from ordinary pressure, and yet occasion no derangement of function previous to its occurrence. In nine of Dr. Markham's twelve cases the rupture occurred in the "wall of the left ventricle;"

in "four it was situated in the anterior wall." This is the position in which the area of the murmur and its distinctness led me to localize the lesion in the present case.

The weak point in this theory is that cardiac degenerations as a rule are mere local manifestations of a general condition. But the strictest examination of the patient failed to disclose any evidences of general constitutional depravity. Fatty degeneration—the form I presume to have existed in this case—is no isolated disorder; but when found existing in one organ is sure to have made some imprint upon other parts of the system. Yet these general changes may not be so great as to produce symptoms before death occurs from the more rapid encroachments of degenerative disease upon a vital organ like the heart. In such an event the anatomist's knife and the microscope are alone capable of showing that the law is continually in force which requires that local degenerative changes should depend upon conditions general to the system.

The opinions which I have advanced in regard to the nature of the lesions in this case are strongly sustained by the fact that the applicant had passed favorable examinations by two experienced physicians but a few weeks previous to his death. It is to be presumed that they failed to detect the murmur because it was not present. In all probability the heart's wall gave way, and the aneurismal dilatation occurred at a period intervening between the dates of their examinations and the date of my own.

From the above case the following conclusions appear to me fairly deducible:

First, that innocuous and tolerated cardiac murmurs can not be discriminated from those which are mischievous and dangerous, except in rare instances, and then only after long-continued and most careful observation.

Second, these "rare instances" in which, even after the most satisfactory observation, we may venture a favorable

prognosis with any feeling of confidence, are restricted to that class of patients whose youth and health exclude any liability to degenerative changes in the heart's tissue.

Third, that in any event or under any circumstances the medical examiner for an insurance company is obliged to give his employers the benefit of his doubts, and therefore to disapprove all applications from parties who are found to have organic heart murmurs, although by such a course he may occasionally do an applicant injustice.

NEW ORLEANS, LA.

FOREIGN CORRESPONDENCE.

LONDON, March 21, 1871.

To the Editors of American Practitioner:

It was your programme that I should reach London on the 1st of March; should immediately see Sir Henry Thompson crush a few stones, Mr. Critchett extract a cataract or so, and spread an account of the same before the readers of the Practitioner for April. You did not take into your account, however, that even surgeons are but human. The fact is, I met upon my arrival, what must ever be the drawback to the purely medical student abroad, the objects of interest extra-medical which environ the hospitals and distract him from his work. I am still fresh enough for sight-seeing, and I thought the thrilling stories of Guy's and Bartholomew's would keep.

The first surgeon I sought was Mr. Erichsen. He was indeed my objective point when I left home. I was glad to find the ideal I had formed from his writings realized in the man. He looks as if he might have written just such a book as the "Science and Art of Surgery." He is apparently about forty-five, though he may be some years older, as these Englishmen wear so well; six feet, fairly built, with an open

English face, and graceful speech and manners. It is a great relief to find one's hero, of whom he has only heard, up to the mark in looks and action.

Agreeably to an invitation given me by Mr. Erichsen, I visited the University College Hospital and school. In point of numbers the University College stands third on the list; Guy's and Bartholomew's lead it. When we take into consideration the number of beds in its hospital—only one hundred and thirty, while the other named hospitals have four or five times that number—we can see the powerful influence its faculty must exercise. It is indeed a magnificent array—Erichsen, Sir Henry Thompson, Marshall, and Heath for its surgeons; Sir William Jenner and Reynolds its physicians; Sharpey and George Viner Ellis in its didactic ranks.

There is just a little rivalry between the schools, though nothing like with us; and the University students refer with great pride to the strength of their men. I had much curiosity to see an English class and hear an English professor, to learn wherein they resembled or differed from us. I spent the morning listening to the didactic lectures. The class assembled were the junior members—first and second year's men. I was at home in a few minutes, for it did not require any length of time to see that students were pretty much alike on both continents.

I saw the other day, on a stairway at the South Kensington Museum, a notice posted up to the effect that "the public is requested to assist the police in preventing boys from sliding down the railing." On what particular bump or in what particular organ this tendency in boyhood rests, to spurn the safer locomotion provided by the steps and hazard the perilous descent spoken of, physiology teaches not. Possibly it may out some day that the *Thymus* is responsible. But wherever the seat of the desire, it certainly is as universal as stairways; nay, more so perhaps, for if there be that wretched clime where such things do not exist—as in the tropics, with

their adobe huts—I am certain men must carry through life the painful feeling of some longing that was unsatisfied. The great English Government acknowledges the force of this desire. India it holds in its grasp; but the *boys* it confesses it can not control, and throws itself helplessly upon the public.

The professor I first heard here was an amiable man; and I doubt not that there was a student in the room who didn't know exactly how far he could go with him. We are accustomed to associate applause with popularity; but why the janitor, every time he makes his appearance with a specimen, should be received with such bursts is a question beyond the reach of pathology. So likewise is the uniform success which greets a professor's joke; and, knowing the good-fellowship that generally prevails among youths, why a class should shuffle their feet to call attention to some tardy student who hopeth undiscovered to gain his seat, or some delinquent member who wishes to retire before the hour is out, can only be explained on Mr. Darwin's theory that it is one of the remaining traits of a lower nature. And again, amidst all the obscurity which envelops the laws of periodicity in disease, nothing is more inexplicable than that sudden and general bronchitis which sixty-one minutes of lecturing will produce. I noticed all these signs with pleasure as evidence of that consanguinity that four thousand miles could not destroy. It is far from my intention if I have described the least approach to rowdiness; for certainly good nature such as I saw could not be so construed. The grave old don in whose presence these acts were committed paid no attention to them. I doubt not but what he had done the same thing in the presence of Abernethy, or Cooper perhaps.

The classes here being divided into those who attend lectures upon elementary branches and those who attend to practical medicine and surgery, nowhere will one see the same number of students gathered as with us. Besides this, though there are twelve hundred students in London, there

are eleven schools to divide them. It was my intention, in the first blush of my enthusiasm, to hear every man in the London schools once at least, to get a knowledge of the English style. I soon saw that such a task was hopeless. There are those at home who think we are afflicted with schools. Judged by the comparative number of students we have, there is a positive dearth.

I think I have heard enough of didactic lectures to see that, according to our ideas at least, they are not so good as with us. No attempt was made to put the subject in a striking light. The lectures are delivered in a low, conversational tone, with no animation whatever; with great hesitation indeed at times, and frequent stammerings. What is said, of course, would read well, as we all know: I refer only to manner. Mr. Paget, I learn, is considered the best lecturer in London. Unfortunately that great man has been ever since my arrival in a very critical state from a dissecting wound, and his place in Bartholomew's has been filled by another. Every teacher seems to be an excellent draughtsman. I was particularly struck with the facility blackboard illustrations were produced. The students are great note-takers, even in anatomy, using pen and ink for that purpose. Some used short-hand, and several I noticed had reproduced the illustrations from the board exactly. Their heads were generally bowed over their books, seldom raised to witness any demonstration. The class-rooms are very much as with us; fully as bare of ornament or appliances for ease. Where didactic lectures are given, there is a ledge in front of each row of benches whereon to rest the note-books. The amphitheaters in the hospitals are, even in the greatest, hardly as large as in ours. Those who witness the operations generally stand, and everywhere iron railings are provided whereon to lean. It is for economy of space, I suppose, that these facilities for standing are provided, although I have never yet seen an amphitheater full. Indeed I was surprised at the comparatively

small number of students who attend the operations even of celebrated men. I think that fifty is as large a number as I have seen, and a dozen following a visit to a ward. It may be that, coming at the end of the season as I do, I find them with enthusiasm worn down.

An account of all the operating days in the various hospitals is published weekly in the journals. It happens unfortunately, however, that the hours clash considerably, and the sight of much blood is lost; but after making the rounds to satisfy curiosity, the surgical centers can be known and sought. Yet the surgical student must make up his mind to one disappointment when he comes here: that immense as is the field, its lack of concentration will cause him to lose many hours of the twenty-four. The hospital practice is faithfully attended by the staff. The surgeon begins his round at the appointed hour, and is followed by such as choose to do so. I will speak more of ward practice in a later letter. There is no difficulty in gaining admission to any hospital or school in London.

It is with extreme pleasure that I record that during my stay here I have met with nothing but the utmost civility, not only from those to whom I had cards of introduction, but whenever I said I was a medical man seeking to see and hear. The position of such a one might be made very unpleasant; but never yet have I had a short answer, from the highest surgeon to the lowest official connected with these institutions, whenever I find it necessary to ask a question. We are in the habit of speaking of "insular coldness" in connection with these British folks; but, with the lights at present before me, I should say they are as warm-hearted as western or southern men.

In the clinical theater the first thing that strikes one is the admirable order in which everything is conducted; the skillfulness of assistants, dressers, and nurses; the facilities for bringing in and removing patients; and the great economy

of time which results. Chloroform is universally the anæsthetic used. To my inquiries about ether it was answered that only as a local anæsthetic was it ever used. There seems to be so much feeling on this subject in some of the localities at home that I simply wish to call attention again to what was known, of course—the exclusive use of chloroform in this great center of surgery. How rarely do we hear of a death here from this cause! I have only in the rarest number of instances, however, seen the chloroform given, as generally with us, on the folded towel or lint; almost always by an apparatus (Snow's, I believe) consisting either of a mask with valve and receptacle for the liquid, which is measured, or by Clover's apparatus, where the chloroform is first diluted in an India-rubber bag, with a known quantity of air. This latter method seems to fail in some cases, and resort has to be made to the undiluted liquid. The utmost boldness is used with the chloroform, judging rightly that its safety is enhanced by so doing. I was somewhat struck, however, with the extent to which it was carried at Guy's. The assistant seemed to depend entirely on the state of the pupil. The stertor, which with us is generally considered the signal for stopping, simply prompted him to withdraw the tongue with the forceps, and to hold it out during the remainder of the operation, while he continued to ply the vapor.

Very little talking is done at the operations. Generally a brief history of the case (these records are rigidly kept) is read, the operation is announced and performed, and sometimes a few remarks are made upon it. In only one instance did I hear any extensive remarks upon pathology, when Sir Wm. Fergusson described, in a very interesting manner, the steps of necrosis in a radius upon which he had operated. Each surgeon presents only the cases from his own beds. (Their service is perpetual here, and not in turns.) Sometimes one may see several operations at one clinic. The utmost order, I need not say, is preserved by the class.

King's College Hospital is a favorite place for operations. It boasts indeed of having the first surgeon in London, Sir Wm. Fergusson; and while the number of its beds is not so large as Guy's or Bartholomew's, the fame of Sir William keeps them full of operative cases. Mr. Henry Smith and Mr. Wood are its other surgeons, and Soelberg Wells its oculist. The fame of Sir William, especially as an operator, is indeed great. Mr. Paget is, or was, his great rival in London practice and in the schools; but it was chiefly as a lecturer that he shone before the class. Everywhere I went I was asked if I had seen Sir William operate; and whatever local pride the schools might have in their individual surgeons, the palm in this respect is yielded to him by all. His appearance is certainly in keeping with his reputation. Though nearly seventy now, he is still firm, vigorous, and erect. He stands above six feet, with a powerful frame and massive head. I can very well imagine what a dashing-looking man he has been, for indeed he still is. He reminded me very much of our old master, Gross. Although he has a somewhat larger frame, his general appearance, manner, and even his speech recalled him to me; and an English student, to whom I made the remark, and who had seen both, said he also had been struck with the resemblance. I did not see him in the operations which are his favorite field—about the neck and jaws; but in what I did see, in perineal section, hare-lip, and excisions, I can fully agree to his general reputation. He handles his knife as if it were one of his fingers, so readily does it obey him, and so gracefully is it used. What a "swell" surgeon he is indeed, and how pleasant it is to think that it is the power of a scalpel to carve one's road to a baronetcy (where such things are valued) and £12,000 a year!

I saw also at this same clinique Mr. Henry Smith. I would not have taken him for an Englishman. About Boston I should have placed him for speech and appearance. He had not much to try him, yet I was greatly taken with his

facility in what he had to do. I notice he adopts the old plan of obliterating varicose veins by acupressure with many pins. As many as ten perhaps were passed well under the vein, at distances of two or three inches apart, with a hare-lip suture placed above. The operation seemed quite painless, and such cases are treated as out-patients.

Of major operations that have occurred since my arrival, the external iliac has been tied successfully for aneurism by the last-named gentleman; the subclavian for axillary aneurism by Sir Wm. Fergusson, at the same clinique, with death on the thirteenth day from pyæmia; the same operation by Mr. Maunder, at the London Hospital, and several cases of ovariectomy. In Mr. Maunder's case I have not heard the result. It was magnificently done: the operation completed in ten minutes, with no undue haste. In such cases, however, it must always be luck as to how the variable subclavian is found. In a similar operation I once saw at Philadelphia, the surgeon was one hour, so deep was the artery and obscure its relations. In the present instance, although the tumor was the size of an orange, the subclavian was undisturbed and the needle easily passed. It was tied with an animal ligature, which was cut short and returned. Carbolic dressings were applied. He remarked that pressure had not been used, on account of the pain that must necessarily follow. I told him afterward of the effort we had made under *chloral*, where the pressure had been kept up for fifty-six hours, without any effect on the sac, however.

The "London" is the great place for recent surgery, situated near the docks. The antiseptic dressing is in full favor there, as I noticed at the University College Hospital, and one or two others. It did not, however, seem to be used at Guy's. The ovariectomy cases I witnessed were at the Hospital for Women, in Soho Square, by Dr. Meadows and Mr. Christopher Heath. They have been very successful with this operation here. I was struck with the very small size

of the tumor in the cases I saw, and was told they had generally been able to attack them early. This probably bears greatly on the result. The last ten cases have been successful at Soho, and with Spencer Wells. I will not mention the number until I see him, for fear I may be wrong. The practice at Soho Square is to tie the pedicle with whipcord, to cut short, and return. Silk sutures are used to the wound in the abdomen, and a linseed poultice immediately applied. Dr. Meadows said he believed firmly in the practice; but laughingly observed that Spencer Wells used the clamp and spurned the poultice, with as good a percentage of cures. There is a curious after-history connected with the ligature on the returned pedicle. I asked him what became of it, and the portion of the pedicle that lay beyond it. He said that in the cases where death had followed the operation a post-mortem had shown that lymph had been thrown out to bridge over the groove in which it lay, so that it was completely covered up; and this had happened in forty-eight hours. Why the ordinary results of strangulation do not take place is certainly strange; but as certainly if they did there would be no hope for success in a "returned pedicle." I also learned that the post-mortem had shown the peritoneum united in the same time. Dr. Meadows says he adopted the poultice from its marked influence on peritonitis, judging it would be equally powerful in preventing it. His last case is convalescent, though a tumor was taken from either ovary.

I saw in this hospital a curious instance of the resistive power of nature. It was a case of ovariectomy performed three months ago by Mr. Heath. A coil of intestine was so closely adherent to the tumor that it was nearly severed in the operation. It was brought together at the sides, and stitched to the wound in front, to make an artificial anus near the umbilicus. The fæces ultimately passed naturally, and the opening in the abdomen is being closed.

This hospital offers a fine field for female diseases. While the number of its beds is small, they are devoted to surgical cases, and the out-patient practice is enormous, offering every facility for learning diagnosis. The treatment, I believe, is the same in all female diseases, is it not? Whatever factions may rally around the thousand and one speculums, to a man they are faithful to the caustic.

Busied as I am with surgery, I have not followed to any great extent the medical practice of the place. I passed, however, a very pleasant morning at the hospital for sick children, making the round with Dr. Dickinson, of kidney fame. The time was principally taken up in examining a case of Duchenne's paralysis. It was in a boy of ten, and the characteristic symptoms were pretty well marked. The calf and buttock were preternaturally developed, with a firm fibrous feel; the anterior muscles, especially the biceps or arm, flabby. The abdomen was protruded, and the spinal curve well marked. He had the peculiar attitude—that given by Sir Joshua Reynolds to his Puck; or like, I thought, a sea-captain in rough weather, with legs apart, toes everted, belly forward, and shoulders back. The paralysis showed itself principally in efforts to get up and down. They were not able to make out that he was morbidly good-natured. Arsenic was the remedy they were using, seemingly, however, without much benefit. Several cases of this kind have appeared in London of late. I doubt not, if it gets a start, but that we will have plenty of it; just as with aphasia, when that was fashionable.

Pathology and diagnosis are evidently the great rage; therapeutics are a mere postscript. Every student travels with a stethoscope in his hat; I doubt if sounds heard by the naked ear are believed. Microscopy is an essential branch of a medical education. I hardly believed, however, that it would be carried so far as I saw that morning. A piece of the boy's calf (in the paralysis case) was excised (under

chloroform) to be examined beneath the glass, the doctor observing it would do for counter-irritation and diagnosis too. It showed the abnormal accumulation of fat in the muscle: hardly to a sufficient extent, however, to justify the vivisection. Rather indeed a case of "wrong tooth again," as they tell on a New Albany dentist. I saw several cases of rickets, a disease, I believe, we seldom meet in our plentifully-fed latitude. The characteristic breathing in one case was well shown—when the limber ribs go in instead of expanding during inspiration, and cause that fatal bronchitis.

I met in this hospital the first female physician I ever saw; curiously enough too, as they are as rare here as plentiful with us, in the North at least. In revolving the question of female doctors, hitherto I have been, from my natural gallantry, rather disposed to admit woman her right to enter the profession. Since I have seen a practical illustration of its working, however, the same feelings cause me to condemn her admission. The specimen I observed was apparently about twenty-five; not ill-looking; rosy-cheeked, with hair brushed back and cut short. She was dressed in female attire, with no contempt for trimmings, which might not seem to go with pure science. I thought at first she was a nurse; but her learned questions led me to ask, and I found she was a regular physician. She spoke coyly of fibrous and fatty degenerations, criticised the appearance of the specimen under the microscope, and prattled of striæ and the sarcolemma. One of the gentlemen gave her a piece of the muscle to take home with her, and she acknowledged it with a sweet courtesy; and when we were through with the ward, she looked on coquettishly at a post-mortem. She seemed to be fully up in medical matters; and was very much interested in the announcement some one made that Duchenne, who was on a visit to London, had demonstrated at Guy's that the pronator radii teres was in fact a supinator, and the interossei were in reality flexors of the fingers.

I have also seen in London that other "irrepressible conflict," Sambo, as a medical student. I saw several straight-haired, dark-visaged students at the University College, who were evidently of Asiatic races; but at King's College there were two unmistakable negroes. One of these was a dresser at the clinique. He seemed somewhat awkward and out of place when occupied about the operation; but I will do him the credit to say he was the best instrument-washer I ever saw, and rushed to it with the alacrity of one returning to a familiar field.

R. O. C.

Reviews.

Saint Thomas's Hospital Reports. New Series. Vol. I.
London. 1870.

The first paper in this volume is entitled *Remarks on the Different Forms of Pulmonary Consumption*, its author Dr. Thos. B. Peacock. Under the head of "Forms—Mode of Accession," the author says:

"The affections to which the term pulmonary consumption is ordinarily applied present themselves under the following circumstances:

"1. Where disease of the lungs is of constitutional origin, and may pursue its course without being necessarily modified by the presence of inflammation.

"2. Where the disease, though originating in or closely connected with constitutional predisposition, is always greatly influenced in its symptoms, progress, and results by the existence of inflammation.

"3. Where the disease commences in inflammatory action, but where generally, from impaired constitutional power, phthisical symptoms subsequently become developed."

In reference to *treatment*, the following general rules are laid down:

"1. To correct the disorder of the digestive organs, which leads to the development of the imperfectly-organized and unhealthy tissues, and to impart vigor and tone to the general system.

"2. To prevent the occurrence of inflammation, which accelerates the deposition and softening of tubercle, and to subdue it when it occurs.

"3. To uphold the general power, and relieve the various complications which may arise during the course of the disease, and which greatly aggravate its symptoms and accelerate its progress."

It is stated, under the topic of *climate*, that while the rule is a dry, warm, and equable climate is best, yet a damp one agrees well with some patients; and not unfrequently an air which is injurious to healthy people is beneficial to consumptives. Of course there is no advantage in sending patients away from home if cavities have already formed in the lungs. If a patient is confined to the house, the temperature should not much exceed 60° F.

In the relief of the dyspeptic symptoms which precede and attend consumption, mild mercurial alteratives, with alkaline remedies and tonics, are advised. The mercurial is given only occasionally, and then in small doses—blue mass, mercury with chalk, or mercury with magnesia. The alkaline remedies, especially indicated by the acid eructations, acid breath and perspiration, are solution of potash, bicarbonate of potash or of soda, or lime-water, and are given in bitter infusions, as of cascarilla, and especially calumba when the stomach is irritable and there is a tendency to diarrhea, or of rhubarb or of gentian when the bowels are torpid. Pain after taking food, and nausea or actual vomiting, will be relieved by hydrocyanic acid, hyoscyamus, or morphia added to the infusions mentioned. With this treatment a light but nutritious diet is directed.

Subsequently, when the digestion has been improved, or at the commencement, when the dyspeptic symptoms are less pronounced, the more decided tonics may be resorted to, as the infusion or decoction of bark, the cinchona alkaloids, or the mineral tonics. If the stomach be irritable, the secretions acid, and atonic dyspepsia, iron is best exhibited in the form of citrate, with aromatic spirits of ammonia. The nitrate or oxide of silver is often useful in marked irritability of the mucous membrane of the stomach; the oxalate of cerium in the vomiting which occurs in the later stages of phthisis. When the stomach is not materially disordered, but the system is greatly relaxed—profuse expectoration, night-sweats,

and diarrhea or leucorrhœa—give sulphate of iron with excess of sulphuric acid, with opium or quinine, as may be indicated.

In that form of the disease marked by great susceptibility to cold, or by frequent hemoptysis, give the acid tonics, such as sulphuric, phosphoric, or nitro-muriatic acid. Fauces and larynx affected, use chlorate of potash; want of tone in the system and torpor of bowels, nux vomica with aperients. With this course of treatment a more generous diet may be allowed: a larger proportion of animal food, and a freer use of malt liquors or wine.

Cod-liver oil, when judiciously administered, is eminently beneficial in most of the different forms and in all the stages of consumption, and more favorable results are obtained from its use than from any other one remedy. So far as the result is concerned, the dark is as good as the pale, though of course much less palatable, and it is less easily digested. At first the dose should be small, one or two fluid drachms once a day; then twice a day. It is seldom necessary to give more than half an ounce two or three times a day. Milk, wine, or diluted brandy may be made the vehicle. It should be given half an hour or an hour after a meal. If after a fair trial the oil does not agree, do not persevere in its use: temporarily discontinue it when the patient feels disinclined to it. It may be administered by enema beneficially where the stomach rejects it.

Hemoptysis is beneficial when consequent upon an engorged and congested condition of the lung, and affords relief. In cases of slight hemoptysis use the milder astringents, as gallic or sulphuric acid; when the loss of blood is copious, acetate of lead and opium freely. In these cases too ice internally; but its external application can do no good, and may do much harm. The oil of turpentine is useful in those cases where the patient is debilitated, and the hemorrhage has continued some time. When the patient is very weak, stimulants sometimes will be found of more value than any astringents in arresting the discharge.

In the inflammatory complications occurring in the sthenic, mild saline and alkaline remedies and counter-irritants: temporary counter-irritation is preferable to permanent. The cough and restlessness are to be relieved by anodynes, such as morphia or hyoscyamus. Commence with a small dose, and increase as required, except in the later stages, when the circulation is embarrassed from the great extent of the disease, and the patient's strength is failing, and then the dose should be diminished. In case the anodyne, instead of procuring sleep, creates excitement, give it with ether, ammonia, or brandy, or else give at the same time some easily-digestible food. When the cough is of a spasmodic character, and especially in the early stages of phthisis and in hysterical females, advantage will be found from the valerianate of zinc or iron, with morphia, hyoscyamus, or Dover's powder, and from the occasional inhalation of small quantities of chloroform.

The application of a solution of nitrate of silver to the fauces or to the larynx aggravates the irritation that may exist there, except when there is active inflammation present, and greater benefit is derived from astringent gargles. The inhalation of the vapor of water impregnated with various substances—hyoscyamus, conium, hydrocyanic acid, or creosote—is also often beneficial.

The greatest relief to the night perspiration will be found from the judicious exhibition of food and stimulants. These occur generally during the morning sleep, and in part depend on exhaustion from want of food. The patient should take a fair allowance of food, with some stimulus, before going to sleep, or a small amount of food and stimulus in the interval between the night and morning sleep. A little cold tea, made strong and mixed with much milk, and containing a small quantity of brandy or a little wine, and a sandwich or meat biscuit, very well accomplish this purpose.

Dr. Peacock, in the conclusion of his paper, remarks "generally those cases do best which improve only slowly, and I

have learnt by experience to distrust a too rapid amendment, and that it is better in such cases to reduce the diet and other tonic measures."

Infantile Paralysis is ably discussed by Mr. Brodhurst. The following are among the characteristics of this malady.

The paralysis is independent of any other disturbance, frequently unattended by any sign of pain, etc. In the beginning it is sudden and complete; so complete that faradization produces no muscular contraction. There is entire absence of reflex as well as voluntary movement. It has no tendency to recur; and when one part has been thus lamed, it never attacks another. It is confined to voluntary muscles. It may attack a single muscle, a group of muscles, a whole limb, or more than one limb. The crippled muscles are always flaccid. After a short time all the parts remaining powerless lose their temperature, become blue; the muscles waste, often very rapidly. The muscle or muscles attacked may recover; sometimes rapidly, more often slowly, very frequently not at all.

The author believes the paralysis not a consequence of spinal congestion, but "purely peripheral, a malady affecting the ultimate fibrillæ of distribution of the nerves among the muscular elements."

He states that the study of the disease has been forced upon him because consulted in so many cases of deformity and lameness resulting from it. "There appears to be a belief among medical men that a large proportion of paralyzed infants recover. If that phrase mean they do not die, the creed is correct; but if it mean that they entirely recover the use of their limbs, that belief is, I conceive, not merely erroneous, but disastrous. It is disastrous, because in this malady time is of the very greatest importance; and from the moment of attack the muscle and its nervous filaments, if they do not begin to recover, commence a process of degeneration." . . . "After a delay of twenty-four or forty-

eight hours, which may be occupied by attention to the secretions, every paralyzed child not yet recovered should be fully examined, not merely with the hand, but by faradization, each muscle being tested; and this should be repeated in another forty-eight hours. Muscles which four days after the attack are insensible to the induced current, or less sensible than they were at the first examination, will in all probability not recover of themselves."

In the treatment remove the cause if possible: catarrh, irritation from teething, from retroceded eruptions, from disordered secretions, etc. But the local treatment is all important. Galvanism furnishes the most important remedy. Mr. Brodhurst says the induced current is useless: use a galvanic battery of great tension, but of small quantity, one having not less than fifty cells. If treatment is delayed six or eight weeks there is little hope of complete recovery. "When the muscles regain sensitiveness to faradization, even in a slight degree, recovery is a mere matter of patience and perseverance."

In addition to the local treatment by galvanism, strychnia is used hypodermically to the diseased part. Mr. Brodhurst uses a solution of one grain of the alkaloid to fifty of fluid. "The solution, aided by a little hydrochloric acid and spirit, is very dense; and if it fall below a temperature of about 70° , the alkaloid crystallizes out. It should therefore always be warmed before use. This solution may be employed with much more freedom than a weaker one. Since gaining knowledge of its use, I have frequently injected in quite young children—in fact, in babies—five and even seven minims—that is to say, one twentieth or one fourteenth (.05 or .07) of a grain—at a first commencement. Were it necessary to give a larger quantity of strychnia, I would use it in a still more concentrated form."

It will be observed that the author uses the strychnia not for its general but purely for its local effect, and therefore

avoids a large quantity of the solution as well as a free solution.

Cases of Lumbar Colotomy, with Remarks, is a contribution from William Allingham, F. R. C. S. According to the author, the following objects may be sought in making lumbar colotomy:

"1. To relieve the distended bowel when an otherwise insurmountable obstruction exists in the rectum and sigmoid flexure.

"2. To remove or mitigate very intense pain, caused by the passage of fecal matter over a cancerous surface; or when the feces pass through a perforation in the gut into the male bladder; or when motions pass into the vagina, causing, in addition to great pain and mental distress, an almost perpetual incontinence of feces.

"3. To relieve and perhaps cure an otherwise incurable case of stricture and ulceration of the rectum."

T. Spencer Wells writes *On Operations for the Cure of Vaginal Fistulæ*. For paring the edges of fistulæ Mr. Wells prefers knives to scissors. He presents Prof. Simon's views in favor of a nearly perpendicular section, not sparing the mucous membrane of the bladder, rather than the beveling method. As to the material for sutures, he states that his mind is not fully made up; but his present feeling is that it matters very little whether smooth, well-waxed silk or twine, or silver or iron wire is used. He renounces as useless all "clamps," "buttons," and "wire-splints" for fixing the sutures. The sigmoid catheter, made of aluminium or of vulcanite—the latter is generally preferred by patients—is introduced after the operation, and left as long as the patient does not complain of it, and no irritation of the bladder is set up; either of these signs observed, the instrument is at once removed, and is either used every two or three hours, or not at all if the patient can empty the bladder without effort. Silk sutures may be removed on the sixth or seventh day; wire on the eighth or tenth, or they may be left a still longer time.

Mr. Wells devotes a short space to *utero-vesico-vaginal fistula*, and to *transverse obliteration of the vagina*. In the conclusion of his paper he says: "The path for future improvement seems to me to lead, first, to more exact experiments upon the relative value of the different materials used for sutures; secondly, to the real value of the catheter in the after-treatment; and thirdly, to the attempt to cure vaginal fistulæ without either cutting-instruments or sutures. . . . My experience of union of ruptured perineum, after the use of nitric acid, and the application of the quilled suture and the ordinary suture, convince me that when there is much fear of bleeding, or any other objection to the use of cutting-instruments, the principle of obtaining granulating surfaces by the use of cautery or caustics, and of retaining these surfaces in apposition either by suture or some form of *serre-fines*, may be carried out in practice with very encouraging results."

Mr. Wells, in the course of his paper, suggests that surgeons interested in the subject would do well to consult the works of Simon, Emmet, and Ulrich. We think that Deroubaix, whose *Traite des Fistules Uro-genitales de la Femme* was published last year, should be added to the list.

The only other paper in this most interesting volume at which we can glance is by Dr. Robert Barnes. This paper is really a clinical study of intra-peritoneal effusions of blood, known under the designation of *uterine hematocoele*.

The supposed rarity of this affection—*i. e.*, uterine hematocoele—Dr. Barnes attributes to errors of diagnosis. He proposes that the word *thrombus*, which has long been used to designate extravasation into the cellular tissue investing and connecting the organs of the pelvis, or into the structure of these organs, should be applied to any extra-peritoneal effusion of blood.

Dr. B. divides his cases into six "groups," according to the etiology of the affection: Group 1. Rupture of the uterus; 2. Rupture of extra-uterine gestation-cysts; 3. Rupture of

diseased ovaries ; 4. Hemorrhage from injury ; 5. Hemorrhages into the peritoneum attending abortion ; and 6. Menstrual disturbance or difficulty, leading to effusion of blood into the peritoneum.

The following are the remarks made in reference to the treatment of the affection :

"When effusion has taken place, four indications arise successively: the first is to support the patient under the shock ; the second, to restrain further hemorrhage ; the third, to moderate inflammation ; the fourth, to favor the removal of the hœmatocele. Concerning the first and second indications, little need be said. In carrying out the third, I have seen benefit follow from leeching in the groins, from poultices, mercury in moderate doses, but especially from opium and rest. Here, as in all other pelvic and abdominal inflammations, *it should be a standing rule to avoid repeated examinations*. Manipulation must disturb parts which above all things require repose. It can hardly fail to irritate and aggravate inflammation, and it may burst the blood-cyst, and lead to a fatal renewal of hemorrhage and extension of peritonitis.

"Lastly, and in close relation with this principle of abstaining from disturbance, comes the important question of opening the hœmatocele. Opinion generally seems to be settling in favor of non-interference. My own observation tends to confirm the soundness of this conclusion. . . . There is always the danger of making matters worse by letting in air, and it is rare that the evacuation of the cyst can be complete. I am disposed to limit resort to puncture to cases where there is evidence of blood-infection from suppurative action. Tonics and the iodide of potassium are the medicines which I have found most useful."

We venture to suggest that in the means proposed to meet the third indication, the leeches had better be applied to the neck of the womb, if possible, than to the groin ; and that mercury is of at least doubtful efficacy, either as a cathartic or as an antiphlogistic, in the treatment of pelvi-peritoneal inflammation. Rest, leeches, opium, and blisters are the four prime means in the therapeutics of this disorder. T. P.

Management of the Obstetrical Forceps. By C. C. P. CLARK, M. D., Oswego, N. Y. Reprinted from the Transactions of the New York State Medical Society for 1870.

With the main propositions of this paper we have no fault to find; but, on the contrary, we act upon them almost daily, and are prepared to sustain and defend them. Those propositions are, that the obstetrical forceps is not used as frequently as it deserves to be; that the dangers attending its use are exaggerated; and that it is entirely justifiable for the practitioner, who has confidence in his ability to use the instrument without doing mischief, to resort to it merely *to abbreviate suffering*. Educated in obstetrics by a public teacher who was eminently conservative, and with Churchill for a text-book, whose instructions to await the utmost possible limit of the woman's powers before resorting to instrumental aid we now look upon as both inhuman and absurd, we have worked out for ourselves an abiding faith in the propositions above stated. So far as this goes therefore we have nothing but commendation for this essay. When, however, we examine it in detail, we find very much to regret and some to positively condemn. There is scarcely a page upon which we do not find some sin, either of omission or of commission, some careless or reckless statement, and to notice all the "points" deserving attention would carry us far beyond reasonable limits.

We would not do injustice to the author, and will therefore briefly specify some of those points. In our opinion he greatly exaggerates (in pages 1 and 16) the embarrassments and difficulties of the young practitioner's first attempt with the forceps. This helps to "make out a case" for him; but we do not believe such first attempts are generally any more dreaded or bungled than first amputations, or other first operations.

He recognizes the impossibility of settling the question at issue by "statistics," yet fails to give the three strongest

arguments to sustain an early resort to the forceps. These are: 1. The almost sole origin of vesico-vaginal fistula in prolonged labor; 2. The demonstrated increase of rate of mortality in proportion to duration of labor; 3. The consideration of the most frequent *alternative* of the forceps, which is ergot: the disastrous influence of which upon the child, and the frequency withwhich it compels manual delivery of the placenta by causing irregular (hour-glass) contraction of the uterus, are marked, but by no means sufficiently recognized.

There are two points in the essay which we must most particularly and emphatically condemn. The first is to be found on page 6, where it is maintained that it is justifiable to use the forceps "*even to save the time of the practitioner himself*" (sic!). We are compelled to ask what business has a man to take charge of a case unless he can give such time to it as it may demand? What has the practitioner's *time* to do where so much is at stake? The most ardent advocate of the forceps must admit that *possible* disagreeable consequences may always follow their use; and that, in the language of Smellie, it is best to "avoid the calumnies and misrepresentations of those people who are apt to prejudice the ignorant and weak-minded against the use of any instrument, and who, *taking the advantage of unforeseen accidents which may afterward happen to the patient*, charge the whole misfortune to the innocent operator." A due regard to his own reputation should therefore always restrain the practitioner from resorting to operative measures, until demanded by some more urgent necessity than loss of his time. We can not see how a conscientious man can take any other view of the case than this.

The second point is that the blades may always be passed, with reference to the pelvis, along its sides; and that to attempt their application to the sides of the child's head is an unnecessary complication of the operation. That to thus

apply the instrument renders the operation more difficult we admit; and that it may be difficult for the beginner to ascertain the position we also admit; nevertheless we would say to him most emphatically, Never, *never* apply the forceps without having assured yourself, by passage of the whole hand if necessary, of the position, and carefully considered the relation of the blades to the head when applied. There are just two ideas, as our author truly says, which "have kept the minds of obstetric teachers fixed on always aiming to apply the blades of the forceps to the sides of the child's head." The first is *the safety of the child*, and one of some little moment, we think, in the affair! There is no comparison, speaking in general terms, between the amount of force which can be safely applied over the sides of the head and antero-posteriorly or obliquely from over one side of the brow to the opposite point. The other is to "facilitate delivery," not by "getting hold of the head endwise," as the author expresses it, but, as we should say, by bringing it along with due regard to what is known as the "mechanism of labor," without study, knowledge, and careful consideration of which process a man may attend thousands of labors and be only a midwife, and, if he operates, lay out a vast amount of brute strength unnecessarily or to the actual injury of his patients. For instance, the author does not say a word about the management of occipito-posterior positions. In our experience they occur far more frequently than generally taught in books, and very frequently add to the delay, increase the suffering, and call for the use of the forceps. Now would he drag the head along in such cases without reference to the rotation of the occiput forward? With the long, much-curved instrument he uses he can not rotate them, and so we imagine he will yet find occasion to pay more attention to the perineum than he seems to think necessary, if he do not find more difficulties in the delivery than he has yet encountered. We feel compelled to quote for his benefit Blundell's words: "*Arte non vi*

may be usefully engraved upon one blade of the instrument, *Cave perineo* upon the other."

The subject rather than the essay has led us on further than we intended. The latter, however, presents other points we should like to notice, but can not at present; some more too which we could not commend. What shall we say, for instance, of no notice being taken of the influence of Meigs in bringing the forceps into more frequent use by his impressing the doctrine that "the forceps is the *child's* instrument?" And in Hodge, we think, the author will find warrant for a more frequent use of the instrument than he seems to have met with in his reading; but the name of Hodge is not even mentioned. And, worse still, what shall we say of a gentleman who writes upon obstetrics for the benefit of his professional brethren, and confounds "position" with "presentation?" Four times on page 10 and five times on page 17, and how many more times elsewhere we have not counted, he confounds these terms, using the latter where he should have used the former.

Materia Medica for the Use of Students. By JOHN B. BIDDLE, M. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, etc. Fourth edition, revised and enlarged, with illustrations. Philadelphia: Lindsay & Blakiston. 1871.

Prof. Biddle's *Materia Medica* is so well known that it would be a work of supererogation to notice it except for the purpose of criticism; and to criticise a book which has already reached its fourth edition, and is gotten up so exactly after the pattern of the works on *materia medica* that have preceded it, is a task undertaken by no means without serious misgivings; but, emanating from so distinguished and popular a teacher, we venture to speak of it freely.

This is a small book, of less than three hundred and fifty pages, and yet it contains not only all, but vastly more than all, that is necessary for the best practitioner to know about the *materia medica*. True, all knowledge is valuable; but when time is limited it is proper to exercise wisdom in the selection of knowledge. In Europe, where the period of pupilage is much more extended than it is in America, the medical student may with advantage study many things—such as botany, pharmacy, and physics—which, though pleasant and well to know, are not essential, and to which the American candidate for the degree of doctor of medicine has no time to devote in his two or three years of study. In our judgment the *materia medica* as now written terribly needs to be weeded out, and all our treatises on this subject are in pressing want of being boiled down and concentrated. Had the author of the work under consideration devoted to therapeutics the space consumed by pharmacy, chemistry, and natural history, and had he given to electricity, water, and food the pages now cumbered with unimportant if not useless drugs, his book would have been incomparably more valuable, and at the same time strikingly original. Is it advisable for the American medical student to spend his limited hours in learning that “aconite colors concentrated hot phosphoric acid purple, and its watery solution gives a voluminous amorphous precipitate with the iodohydrargyrate of potassium?” And is he a more excellent practitioner because he learns that while “alum is $A. I_2 O_3 \cdot 3 S O_3 + K O, S O + 24 H O$; the alum of commerce is $A. I_2 O_3 \cdot 3 S O_3 + N H_4 O, S O_3 + 24 H O$?” Does he gain power from the knowledge that the “*scutellaria lateriflora*, or skullcap, grows from one to two feet high, and has leaves that are ovate, acute, dentate, petiolate, and opposite, with small pale-blue flowers?” Or will the most enthusiastic believer in ancient custom, and the bitterest enemy to modern innovation, claim that we can cure a hysteria more readily from knowing that “*asafetida* is the concrete juice

of the *narthix asafetida* (nat. ord. *assiaciac*), a native plant of Persia, having a long, tapering root the size of a man's leg, with long lanceolate leaves springing directly from the root, an erect stem from six to nine feet high rising from the midst of the leaves?" Again, will any one assert that we can prevent chordee or relieve stomach-ache any sooner because we have learned that "a valuable camphor, known in the East, is found in a concrete state in the cavities and fissures of the trunk of the *dryasbalanops camphora*, a tree of Borneo and Sumatra?"

Dr. Biddle tells us that the eastern plant from which galbanum comes is unknown; that the tree producing gamboge has never yet been examined by botanists; that we do not know the native country of ginger; and that the species of rheum from which the officinal rhubarb is derived is uncertain. Now, we venture to suggest, is this mass of ignorance a serious stumbling-block in a doctor's way, or is he not just as well off as if he knew all these now unknown facts about galbanum, gamboge, ginger, and rhubarb?

Not an inconsiderable portion of the book is taken up by descriptions of the methods of making the various preparations of medicines. This is certainly time and space wasted. It is the business of the pharmacist, and not of the physician, to make laudanum, to prepare chloroform, and to manufacture blue mass—in the present day.

Though the work under consideration contains all the late additions to the *materia medica*, it is scarcely up with modern therapeutics. Opium, for instance, is recommended in delirium tremens, without specifying the circumstances in which it is manifestly injurious, and the same medicine is declared to be superior to all other remedies in meningitis. Undeniably this is opposed to the usual practice of our time; but as most cases of the former disease in first attacks, and when not associated with degeneration of the kidneys, recover, and most cases of the latter die under any treatment,

opium, though theoretically contra-indicated, may perhaps practically be as effective, in the latter affection at least, as anything else.

Dr. Biddle devotes fourteen pages to mercury, in which he teaches a theory and a practice now deemed by a majority of the profession—to put it mildly—both unsound and unsafe. He gives mercury in fevers and inflammations for its “antiphlogistic and resolvent” power, and repeats the ancient dogma of its antiplastic action, and recommends it as a sialogogue in dysentery, dropsy, cholera, croup, syphilis, and so forth. Certainly Dr. Ringer may be said to represent the extreme wing of the advocates of mercurials, yet even he stops short of our author; and we feel very sure in saying that few physicians will be found anywhere at the present time who would prescribe mercury in dysentery, or put much trust in its antiplastic properties even in inflammations of serous tissues. Prof. Biddle allows that mercury has no direct influence on the *primary* symptoms of syphilis, but declares that when the system has been contaminated with the venereal virus “mercury is the most certain and rapid means of eradicating it.”

Now we submit that all this is quite behind much of the best teaching of the day. Who, for instance, would administer “mercury as mercury,” as Dr. Latham used to say, for what our author calls the *primary* symptoms of syphilis? And who that has treated much venereal disease does not know that in many cases of systemic syphilis mercury is *not* the remedy?

The doctrine of the power of mercurials to augment the flow of bile is still taught by Dr. Biddle, regardless of modern experiments which have, to the minds of many persons at least, conclusively proved the diminution of this secretion under the influence of the drug in question.

Leptandrin, podophyllin, and taraxacum are described as decided chologogues; an attribute which is certainly not

established by experiment, but, on the contrary, altogether problematical.

According to Dr. Biddle, hydrastin is a most efficacious diuretic in promoting the discharge of calculi from the kidneys; crude quinia is nearly free from bitterness, and of equal strength of the sulphate, and therefore advisable in the treatment of children; chloride of zinc will cure lupus; and sulphate of cadmium (one or two grains to the ounce of water), as a collyrium, is very efficacious in specks and opacities of the cornea. The dose of atropine to begin with, advised by Dr. Biddle, is one thirtieth of a grain. We have observed the thirty-fourth of a grain to produce unpleasant symptoms, and we find a hundredth to a sixtieth of a grain an ample tri-daily dose.

Dr. Biddle devotes nearly ten pages to marsh-mallow, Iceland moss, tapioca, arrow-root, *et id omne genus*, commending them as diet for sick people and infants. When shall we be delivered from this class of physic or food—whichever it may deserve to be called—from things scarcely fit for the stomachs of hearty folk, and of well-established worthlessness in disease?

Yet with all this, and more if we had space to point it out, when we compare our author's work with its predecessors and contemporaries on the same subject, it is, despite its faults, the best we have for the use of medical students, for whom it is especially designed, and to whom we take great pleasure in commending it.

The edition has evidently been prepared with great care. Much new matter has been introduced. In point of style, it is correct, and often forcible; in matter, it is condensed to the last degree; typographically, it is all that could be desired.

When Prof. Biddle gets out another edition, we trust he will correct the errors contained in the present volume. His high position, large experience, and great learning afford him

the means of furnishing a work which shall not only be superior to its predecessors, but shall be altogether abreast with modern therapeutics.

"To those especially who sit under our author's instruction the book is of inestimable value; to others it will be of value just according to the use made of it."

L. P. Y., JR.

The Gynecological Record. A book of Blank Forms, intended as an aid to the busy Practitioner in reporting Gynecological Cases, with an Appendix of Blank Leaves and Tables for the ready analysis of the contents of the book. Prepared by JOSEPH G. PINKHAM, A. M., M. D., Corresponding Member of the Gynecological Society of Boston, Fellow of the Massachusetts Medical Society. Approved by the Gynecological Society. Published by James Campbell, 18 Tremont Street, Boston.

After one has read the title of "this unpretending book," it is not necessary to add a word as to its scope and design. We can say, however, as to the utility of the volume, that Dr. Pinkham has conferred a very great favor upon the profession, and we should be glad to know that every doctor engaged at all in practicing in diseases of women was in possession of this "Record," and would faithfully use it.

Clinic of the Month.

ON THE PERIOD OF OPERATING IN SENILE CATARACT.—The modern improvements in cataract extraction have not only dissipated many of the fears and rendered unnecessary many of the precautions which at one time surrounded the operation, but have already given promise of good in other and most important ways. Among them we may mention that the question of How soon will it be possible to operate? is reöpened and very ably discussed in the Practitioner by Robert Brudenell Carter, Esq., Ophthalmic Surgeon to St. George's Hospital. He clears the ground by dividing the cases of cataract into four groups, as under:

"1. Those in which cataract is present in one eye, and wholly absent from the other. 2. Those in which cataract is mature in one eye and incipient in the other. 3. Those in which cataract is making nearly equal progress in both eyes. 4. Those in which one eye is wholly lost from some different cause, and cataract is incipient in the other.

"In the first group, in which cataract is present in one eye and absent from the other, an operation can only be required for persons in whom a 'blind side' is a source of danger. Those who are moving about among any sort of implements or machinery, or among busy people in crowded places, are liable to have an eye accidentally injured when its sight is so far gone that it can no longer instinctively protect itself. Many persons have been rendered hopelessly blind by the sympathetic ophthalmia excited in a sound eye by some injury to a defective fellow. The danger hardly arises so long as

the failing eye can discern moderately large objects; and it is practically non-existent for careful people who lead quiet and sedentary lives. For those who lead active lives it is not very remote; and in them the removal of a single cataract may be advised on the ground stated. For ordinary vision nothing will be gained; because the eye operated upon, having lost its power of optical adjustment, and requiring a lens of different power or position for each different distance, can never be made to work in perfect harmony with its fellow. Still the various risks incidental to complete monocular blindness will be at once and effectually set aside.

"In the second group, in which cataract is mature in one eye and incipient in the other, my own practice is to operate at once upon the former. *Ceteris paribus*, the earlier in life an operation is performed the greater will be its chance of success. Under the conditions supposed, eventual blindness is inevitable; and it is best to spare the patient the discomfort which even a short period of blindness involves. Moreover, if there is still tolerable sight with one eye, the patient will be content to wait three months before bringing the other into use. Such a period of repose can seldom be obtained from a patient who was blind prior to the operation, and who is generally only too eager to exercise the newly-recovered faculty. I am quite sure, however, that premature use of an eye often permanently impairs the results of an operation; and, under the influence of rest, it will as a rule be found that after an operation the vision will continue to improve for three months at least. For these reasons it may fairly be held that the operation upon one eye should generally be recommended and practiced as early as possible; and that, not only in order to prevent the occurrence of actual blindness, but also in order to add to the conditions which contribute to a successful issue.

"In the third group, where cataract is making nearly equal progress in both eyes, much will depend upon the rate of that

progress. If it be rapid, both patient and surgeon may be content to wait. If it be slow, a patient in independent circumstances may be very injuriously affected by prolonged worry and anxiety, and a patient who depends upon sight for bread may be reduced to want. When either of these contingencies may be anticipated, the surgeon is called upon to consider how best to obviate the evil. It then often becomes desirable artificially to hasten the maturation of the cataract in one eye by puncturing its capsule, and allowing the aqueous humor to act upon the cortex. The procedure is by no means free from risk, and should only be attempted when the patient can be kept under constant observation, so that the entire lens may be removed without delay if any active inflammations or other mischief should be set up. With whatever caution practiced, there is a distinct addition to the chances of failure *quoad* the cure of the cataract. The patient has two eyes; and it should be carefully explained to him that by subjecting one of them to some extra risk he may obtain a speedy restoration to sight. If the die falls adversely and the eye should be lost, the other remains to him in reserve, to be treated with more caution than the first. If he should ask for any numerical statement of the danger, there are no materials for supplying it. The results of the practice under consideration have not been recorded in a sufficient number of instances to afford a trustworthy basis for statistics. Judging from what I have seen, I believe these statistics, whenever they are brought together, will be more favorable than those of flap extraction; and I therefore do not hesitate to recommend, if need be, that the anterior capsule should be punctured in the class of cases under consideration.

"In those of the fourth group, however, where the patient has no eye in reserve, and where cataract is making slow progress in the remaining one, the evils of waiting must be very clear indeed in order to justify early interference. It

is manifest that they may be thus clear, or that many circumstances may arise to render any certainty preferable to suspense. The probabilities on either side of the question should then be fairly stated and fully explained to the patient and his friends, whose ultimate choice may fairly guide the conduct of the surgeon."

TREATMENT OF DIPHThERIA.—Dr. Steiner, after a few introductory remarks upon the nature of diphtheria, in which he states that in his opinion we are not at present in a position to determine whether diphtheria is a constitutional and blood disease, or whether it is only a local affection, appears, however, to be himself inclined to regard it as of a parasitic nature, since the methods of treatment he has adopted are chiefly local, with the exception of the administration of chlorate of potash and quinine. The means employed consisted in the application by gargling, inhalations, penciling, or powdering of the following agents: 1. *Aqua calcis* in fourteen cases. Of these, nine terminated favorably, five fatally. The solvent action of the lime-water on the diphtheritic slough was very well marked. The false membranes had in great measure or entirely disappeared in the course of six or eight hours. It did not prevent the adoption of other measures. It did not appear to be capable of limiting the diphtheritis to the fauces or to prevent its extension into the larynx and bronchia. 2. *Acidum lacticum*. This remedy, which was first suggested by A. Weber, as a solvent, for the false membranes found in croup, was applied by Steiner in the form of inhalations (fifteen to twenty drops of lactic acid being contained in one ounce of water), but with the same unsatisfactory results as in lime-water. Of seven cases, three recovered and four died. Lactic acid must be admitted to effect a speedy detachment of the diphtheritic membranes, but no greater power of arresting the progress of the disease can be attributed to it than to the preceding remedies. 3. *Ferrum*

sesquichloridum (applied with a brush to the parts affected). The solution and separation of the false membranes did not occur so rapidly as after the other means, but when once this had been accomplished, and the chloride was brought into direct contact with the ulcerated surfaces, the latter appeared to assume a healthy aspect, and the process of healing was promoted. Of four children treated by this method, two were saved and two died. 4. Spiritus vini applied by means of a brush, and also in the form of wet compresses around the throat. No remarkable effect upon the false membranes was observed of three children thus treated belonging to the same family; one died and two others recovered. 5. Sulphur sublimatum. Dr. Steiner agrees with Hanner that the action of flowers of sulphur, if it have any at all, is only that of a slight caustic. The application was made by insufflation, and was repeated every three or four hours. Two slight cases treated in this manner recovered; a severe one died. From these experiments Dr. Steiner draws the conclusion that slight cases of diphtheria recover under all of the above methods of treatment, while severe ones prove fatal; and that we are not at present in the possession of any remedial agent that is capable of limiting the diphtheritic process to the fauces, but that the aqua calcis is perhaps the most valuable remedy on account of its unmistakable influence in effecting the solution of the diphtheritic membranes. The plan which he adopts is the following: locally, lime-water; internally, the administration of chlorate of potash, quinine, and wine. When laryngitis appears he gives emetics, and in asphyxia resorts to tracheotomy. (*Jahrbuch für Kinderheilkunde—Ibid.*)

EXCISION OF THE MAMMA.—Dr. Joseph Bell, in a paper on this subject in the Edinburgh Medical Journal, advises that the operator should not be bound down to any form of incision, but be guided by what will give freest access to insure

a complete removal, and best avail in the filling up of the gap by suitable flaps. He thinks the time-honored elliptical or oval incision is adapted to so small a number of cases that it should be the exception instead of, as now, the rule; and give place to a crucial, radiating, or T-shaped one, as more convenient, and rendering the dissection more complete, while bagging corners are avoided.

Dr. B. also directs attention to the management of cases of scirrhus of the breast, in which one or more glands in the axilla are enlarged; and while he allows that operative interference is warranted only where these swellings are exceedingly small and comparatively few in number, he expresses the opinion that the operation of the text-books is altogether insufficient even then. He says it is impossible thoroughly to clear out diseased glands by merely hooking-up those which can be felt to be hard. For every tangible one you may be sure there exist two or three more close to the vessels, high up in the space, already containing the germs of disease. And, even more important, by this means you leave the chain of lymphatics through which the infection actually has passed to reach the glands, and in which you may be sure it has left traces of mischief. If we are to operate on the axillary complication with even the faintest hope of future immunity, we must attend to two points: 1. We must aim at emptying the axilla not only of the glands which feel hard, but of all the glands and fat which it contains; we must make, in fact, a dissection of the axilla. In some cases this can be done by a very free incision along the floor, aided by a transverse one across the fibers of the pectoralis major. In others, as recommended nearly thirty years ago by Sir Wm. Fergusson, and practiced by Mr. Lister, it may be necessary to divide a large portion of the costal portion of that muscle. 2. In addition to this we must remove the whole mass of subcutaneous fat lying in the line between the breast and the axilla, and which contains the lymphatics extending from the breast to the

axilla. A further proposal to follow the disease still higher, not only under the pectoral muscles, but under the clavicle into the region of the cervical glands, is, I believe, unwarrantable; for not only is the operation itself one of great danger, but when glands so distant have become affected it may be considered pretty certain that the disease has obtained such a hold on the constitution as to be beyond remedy. There are certain cases when the progress of the cancer is slow, the skin not infiltrated, and the constitution not affected, that we are warranted in operating on axillary glands. For such operations to have any chance, we must see that the breast is removed *entire*; that the axilla is cleared of its fat as well as glands; and that the chain of diseased lymphatics is also removed.

A NEW DISINFECTANT.—The Scalpel of Brussels states that the Chemical Society of Frankfort recommend a new disinfectant, composed of gun-cotton moistened with a solution of permanganate of potash. Ordinary cotton does not answer because it decomposes the permanganate. (*Lancet*.)

INHALATION OF GLYCERINE IN CROUP.—Dr. Stehberger having found that such inhalations were useful in chronic hoarseness, was led to use them also in croup. He noticed that thereby the inflammation was diminished, moisture induced, and that the patient began to expectorate freely. Use Siegle's spray apparatus; add a little water if the glycerine is not known to be pure. The inhalations may, according to the nature of the case, be repeated every half hour, hour, or hour and a half. They should be continued until the patient's voice is perfectly clear. (*Ibid.*)

QUININE IN EPILEPSY.—According to Dr. Edward Clapton, large doses of quinine have the power of arresting epileptic seizures. It is not useful when the disease is consequent upon

syphilis or upon injuries to the heart; it generally fails in hysterical young women; but in all other cases in which the periodic epileptic seizures depend upon blood-disease solely (as is doubtless the case in the great majority of instances), and in which the fit is preceded by a distinct aura or warning, it is almost certain to succeed. (St. Thomas's Hospital Reports.)

PERCHLORIDE OF IRON AND MANGANESE IN NECROSIS, FISTULOUS SINUSES, AND HYDROCELE.—Prof. Marcacci states (*Revista Scientifica di Siena*) that 1. Perchloride of iron and manganese, injected into fistulous sinuses, destroys the pyogenic membrane, modifies the state of the walls, and favors cicatrization. 2. In necrosis it acts on the confines of the living bone, stimulating its vessels; so that the detachment and separation of the dead bone are facilitated by the formation of new vessels in the living. 3. In hydrocele it soon modifies the inner surface of the tunica vaginalis, which becomes filled with plastic exudation, attended with more or less inflammation, according to the quantity and strength of the injection used. 4. It is not necessary that the tunica vaginalis should be distended by the injection; it is sufficient that the liquid be brought into contact with all parts of the membrane. 5. Very little pain is produced by the contact of the solution, but it is not the less efficacious. 6. A weak solution is sufficient, which should be kept in two minutes. 7. In seven cases of hydrocele in which the injection was used hard œdema followed, but was not a serious complication. (*L'Imparziale*.)

TENDENCY OF SPONGES TO EXCITE SUPPURATION IN WOUNDS.—The Glasgow Medical Journal for February last contains an interesting paper on this subject by Mr. D. C. McVail. He remarks that "to every wound which the surgeon makes, and to almost every one which he is called upon to dress after injury, he is nearly certain to apply a *sponge*,

which indeed is deemed an essential accessory to every operating-case. Now a perfectly new sponge—supposing it to have been thoroughly freed from sand—leaves in the wound minute portions of its own horny texture; and, if it has been used once or twice, it deposits, in addition, fragments of disintegrating cells which it has sucked up at a former application. Any one who may question this will have all doubt set aside if he will but draw a wet sponge across a clean glass slide, and examine it under the microscope. He will then see fragments of the skeleton of the sponge and small portions of broken cells, besides particles of whatever may have been floating as dust in the atmosphere of the room in which the sponge has been kept. And, once contaminated, a sponge can never be again thoroughly cleaned; for always, in addition to parts of its own structure, it leaves small portions of other matters on whatever surface it may be applied. I am quite certain that a little careful examination will render clear to the minds of all the truth of what I have here stated. It is, of course, by no means impossible that these small organic fragments of sponge substance, etc., may be entirely absorbed and carried away from the surface of the sore; but the chances are that ere this happens less or more irritation, resulting in inflammation and suppuration, will be set up; and it is to this, I believe, that suppuration occurring in wounds where no ligatures have been used is mainly due; and doubtless not a little of the suppuration which the advocates of acupressure and torsion have laid to the charge of ligatures is likewise owing to the same cause. Indeed it was an instance of this very kind which first led me to question the propriety of applying sponges to wounded surfaces. The case was one of excision of the mamma; bleeding was stayed by torsion, and the wound healed from end to end by first intention. Four days afterward an abscess opened through the wound, and a very large quantity of matter escaped, after which the opening again rapidly healed, and everything went on well. Here, as

there were no ligatures, the suppuration—if due to organic matter at all—must have been caused by organic atoms from the air or organic matter from the sponge; and the examination of the sponge in the manner above described satisfied me that it had left in the wound an immense number of small organic particles. This being so, it becomes a question, Are or are not sponges indispensable in dealing with wounds? The service done by them is of a twofold nature: they clean the wound, and so allow the surgeon to see exactly what he is doing, and they arrest hemorrhage from the capillaries and smaller arteries by the reflex action which their mere contact with the surface excites. Beyond this they serve no other purpose. Now it must be self-evident to any one who is acquainted with the efficacy of cold in arresting hemorrhage that a piece of ice will much more certainly cause the wounded capillaries and arteries to contract, and the cleansing of the wound is more thoroughly accomplished by a jet of water from a wash-bottle than by being swabbed with a sponge. In a case of excision, of the breast, occurring shortly after the one already mentioned, instead of a sponge, a piece of ice somewhat larger than an orange was employed, and momentary contact with this arrested bleeding from all the vessels, with only one exception, which was controlled by torsion. There was no secondary hemorrhage, and the wound healed throughout by first intention; and from beginning to end there was not one drop of pus, except from the track of a hare-lip needle which had been used in bringing together the cutaneous edges, and which unfortunately had been pushed through before it was discovered that it had a broken point, and consequently it had made a small lacerated track for itself, and from this, after the fourth day, about one single drop of matter, more like serum than pus, exuded when dressed for three or four mornings. With this exception, there was not a drop of discharge from any part of the wound from the day of operation until the patient was discharged cured."

Notes and Queries.

TWIN BIRTHS.—Dr. H. Plummer, of El Dorado, Kentucky, details two cases of twin births; the one occurring at the fifth confinement, the other at the first. In the former case both infants were male, and there was but one placenta; in the latter they were of different sexes, and there were two placentæ. He asks whether these cases do not indicate the general law in twin births: one placenta when the children are of the same sex, two when male and female. The best answer to this interrogatory will be found in Johnston and Sinclair's *Practical Midwifery*, London, 1858, page 288:

"In but seventy-three of the twin labors were the particulars concerning the placenta carefully noted. Of these, however, we find that in forty instances the placenta were distinct, or united to each other merely by membrane; and in thirty-three instances this organ was single. In those cases in which the placenta were found to be distinct, the children were both boys in twelve instances, six of them having been of primiparæ; both children were girls in ten instances, three of which were of primiparæ; and the children differed in sex in eighteen instances, four of which were of primiparæ. In those cases in which there was a single placenta, the children were both boys in thirteen instances, three of which were of primiparæ; both females in five instances; and differed in sex in fifteen instances, of which latter five were of primiparæ."

BROMIDE OF POTASSIUM IN EPILEPSY.—Dr. J. M. Lafferty writes from Holly Springs, Arkansas: "A girl now ten years old had her first epileptic convulsion at the age of five years. The paroxysms occurred with great regularity every three or four weeks. Two years since the intervals began to grow

shorter and the seizures more severe. Ten months ago I prescribed for her the bromide of potassium, in doses of ten to fifteen grains, three times daily. She had but two attacks, and both of these were slight, after beginning the treatment. She continued the medicine uninterruptedly for seven months. Three months have elapsed since the expiration of that time, during which the disease has not returned. Her intellect however, it is thought by her parents, has been much weakened by her disease, and they have repeatedly asked me, 'Can nothing be done to restore it?' I should be glad to have the question answered for me by some of the readers of the Practitioner."

A MOVE IN THE RIGHT DIRECTION.—The following comes to us from Danville, Kentucky:

"A district medical society was organized at Danville, Ky., on the 24th of March last, composed of the counties of Boyle, Lincoln, and Mercer—with a constitutional provision, however, admitting adjoining counties to membership—under the name of 'The Central Kentucky Medical Association.' The following officers were elected to serve for the ensuing term of one year: President, Dr. Chas. H. Spilman, Harrodsburg; Vice-president, Dr. H. Brown, Hustonville; Recording Secretary, Dr. Geo. T. Erwin, Danville; Corresponding Secretary, Dr. A. D. Price, Harrodsburg; Treasurer, Dr. W. B. Harlan, Danville. The meetings will be held quarterly."

INJECTIONS OF SULPHATE OF ZINC IN DYSENTERY.—Dr. Thomas G. Gooch, of Russellville, Kentucky, reports that for many years past he has employed the above with the most gratifying success. He prepares the injection by boiling half an ounce of the desiccated salt, which has first been rubbed up with the yolk of a hard-boiled egg. After cooling, the liquid is strained, and thrown into the rectum, in quantities of an ounce or two, two or three times a day, according to circumstances. The first injection frequently relieves the tenesmus.

PROLONGED ANURIA IN AN INFANT.—Dr. G. W. Jones, of Danville, Illinois, reports the case of an infant, delivered by natural labor, that passed no urine until seventy-two hours after birth, and then not in unusual quantity. According to the late Prof. Bedford, where the new-born child fails to urinate within the usual time, the condition generally is *retention*, not *non-secretion*; but in Dr. Jones's patient there was evidently the latter.

AMERICAN SURGERY VS. PRUSSIAN SURGERY.—We insert the following extract from the foreign correspondence of *The Nation* at the request of a correspondent. The letter was written by an American surgeon now attached to the German service:

"The Germans are preëminent in deep investigation, skillful theorizing, and thorough information; but I endeavor to be perfectly candid when I say I have seen nothing which led me to think less highly of the surgeons and surgery of America. One who has seen and studied practical surgery in any of the chief American cities will look in vain for the order, the skillful manipulation, the rapidity and brilliancy to which he is accustomed at home; and these are not compensated for by any diminution of the sufferings of the patient or increase in his safety. The operating-room, during the performance of an operation, is a sort of Babel. The preliminaries do not seem to have been arranged, the instruments are beyond the reach of the operator, and no one person is charged with the duty of handling them. When he calls for an instrument several of the bystanders simultaneously attempt to comply with his request. Those who look on discuss the various steps freely and in loud tones, and offer any suggestions that occur to them. Their instruments, though made of far finer material than we get in America, are clumsy in appearance and construction, and awkward for the hand. The American models of the more common instruments exceed them by far in elegance and neatness. They know little concerning many convenient, ingenious, and tidy contrivances which are considered indispensable in England and America; and it is amusing to see the lofty indifference with which they listen to any suggestion of the possibility of methods

or apparatus superior to their own; for there is in the average German disposition the least perceptible leaning toward illiberality when other countries, as compared with Germany, are in discussion. A comparison of the hospital wards of the two countries, in the respect of convenience, neatness, and order, would result favorably, I am certain, for America. Indeed they concern themselves little about externals in surgical matters, while these necessarily engage the first attention of the observer; and for this reason this first impression is the most unfavorable; yet if one looks more closely and studies a little deeper, he finds that the essentials are never neglected, and that the *results* are perhaps all that could be expected. I say all this after making every allowance for the exigencies of war in the enemy's country, and I do not speak of surgeons or hospitals that are exceptional, but of men of the highest reputation, and the hospitals under their charge."

COD-LIVER-OIL SOAP.—One of the leading pharmacutists of the city kindly furnishes the following: "I have succeeded in making a soap of cod-liver oil which, in the opinion of several physicians who have used it, answers everything claimed for it by its author. I prepared it according to the following, which, I believe, was the formula published in a previous number of the *American Practitioner*: Six ounces of pure cod-liver oil were mixed with an excess of hydrated lime, and allowed to remain for twenty-four hours. The mixture was then heated to the boiling point, and kept at that temperature for one hour. The preparation was then left undisturbed for twenty-four hours, at the end of which time the resulting mass was of a good pilular consistence, having a distinct odor of the oil and an alkaline taste, due to an excess of lime."